



## Cancer - All Others

Please answer all questions applicable to the client's medical history.

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Exact name of the cancer \_\_\_\_\_

Date of first diagnosis \_\_\_\_\_ Date of last treatment \_\_\_\_\_

How has the cancer been treated

- Surgery     Radiation     Chemotherapy     Hormone therapy     Immunotherapy  
 Observation only     Other \_\_\_\_\_

Grade of cancer     I     II     III     IV     Other \_\_\_\_\_

Stage of cancer     I     II     III     IV     Other \_\_\_\_\_

Any evidence of recurrence     Yes     No    If yes, provide details \_\_\_\_\_

| Name of Medication (prescription or otherwise) | Dates Used | Quantity Taken | Frequency Taken |
|--|------------|----------------|-----------------|
|  |            |                |                 |
|  |            |                |                 |
|  |            |                |                 |

List any other major health problems the client has:

**If at all possible, please obtain the pathology report. It will enable us to work with you prior to a formal application to determine if coverage is now available, at which insurance company, and for what likely premium.**